

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10510667

FILING DATE

APPLICANT(S)

1017704

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2			/			
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49						
50						

TOTAL
IND.

2
39

TOTAL
DEP.

41

TOTAL
IND.

2
39

TOTAL
DEP.

2
39

TOTAL
CLAIMS